

OKARCHE PUBLIC SCHOOLS

ATHLETIC TRAINING POLICY AND PROCEDURE MANUAL

2020-2021

TABLE OF CONTENTS

Section		Page
I.	The Role of an Athletic Trainer	3
II.	Pre-Season Physicals	3
III.	Non-Life Threatening Injuries	3
IV.	Life Threatening Injuries	4
V.	Return to Play Criteria	4
VI.	Lightning Policy	5
VII.	Heat and Cold Policy	6
VIII.	Team Physicians	10
IX.	Concussion Protocol	10
	a. Baseline Testing	10
	b. When a Concussion Happens	11
	c. Return to Play Criteria	11
	d. Return to Learn Criteria	12
X.	Athletic Training Room Hours	12
XI.	Injury Reports	12

I. The Role of the Athletic Trainer

An athletic trainer is a recognized healthcare provider who specializes in the care, rehabilitation and risk management of athletic injuries. Athletic Trainers undergo a certification process conducted by the National Athletic Trainers Association. Athletic Trainers must graduate from an accredited athletic training program with either a Bachelor's degree or Master's degree in Athletic Training prior to sitting for their national exam. In the state of Oklahoma, athletic trainers are licensed by the Oklahoma State Board of Medical Licensure and Supervision. Athletic Trainers work under the supervision of an orthopedic physician in the state of Oklahoma. Within Okarche Public Schools, there is one athletic trainer on site for home boys and girls high school basketball games. The athletic trainer will be on-site or on-call for home high school baseball and softball games. The athletic trainer will be on-call for junior high events.

II. Pre-Season Physicals

Prior to a student-athlete participating in an athletic event, practice or game, sponsored by Okarche Public School the student-athlete must have a completed pre-participation physical exam. The physical exam must be on file with administration. The student-athlete must be cleared to participate by a physician, physician assistant or NP licensed in the state of Oklahoma. A physician includes a MD or DO. Physicals signed by healthcare providers other than a MD, DO, PA or NP will not be accepted. Should the student not pass their pre-participation exam, the student will not be allowed to participate in practices or games until all follow up appointments with a physician and tests are completed by the physician. The parent will be responsible for scheduling and obtaining clearance from the physician who will conduct the follow up exam and tests. The parent must supply the school with a copy of the clearance note prior to the student-athlete participating in practice and games.

III. Non-Life Threatening Injury

When an injury occurs during an Okarche Public School sanctioned practice or game, the coach responsible for that sport shall contact the athletic trainer ASAP. This can be via text or phone call. The athletic trainer will evaluate the injured student-athlete as soon as possible. After the evaluation is complete, the athletic trainer will discuss the injury with the coach and contact the parent of the student-athlete. The athletic trainer will discuss the injury with that parent. If a parent is not available, the athletic trainer will send the parent a text explaining the injury, plan for treatment and any further evaluation that may be needed. During the conversation with the parent, the athletic trainer will give his or her recommendation for care. Most injuries that occur can be managed through proper treatment and rehab which can be done on-site at Okarche High School. Should the athlete be referred to a physician, the parent/guardian will need to provide a note from the attending physician on what the injury is and the necessary care required. The athletic trainer at Okarche High School is willing to provide rehab and care to our student-athletes free of charge.

Communication Flow Chart (No Athletic Trainer On-Site)

1. If during normal athletic training room hours and an athletic trainer is not at your facility, please call Brian's cell phone and inform them of the injury.
2. If an athletic trainer is not on campus, determine if 911 is necessary. Contact the athletic trainer and Brian can walk you through the process as long as it is not life-threatening.
3. Call the injured student-athlete's parents/guardian to inform them of the injury. If a physician evaluation is needed, please refer them to their primary care physician or urgent care.
4. The athletic trainer will contact the parent/guardian of the injured athlete and discuss further treatment or evaluation needs.

IV. Life-Threatening Illness or Injury

Should there be a life-threatening illness or injury that occurs during practice or games at Okarche High School, the following protocol should be activated.

1. Do not move the athlete unless the scene is unsafe.
2. Assess airway, breathing and circulation.
3. Call 911 or have someone with you call 911.
 - a. The person calling 911 needs to give dispatch the following information.
 - i. Name
 - ii. Place (exact location)
 - iii. Type of injury or illness
4. Perform CPR and obtain an AED if necessary. Begin CPR and do not stop CPR until instructed to do so by first responders.
5. Call Brian on his cell phone ASAP to come and assist with taking care of the athlete. If Brian is off campus, stabilize the patient to the best of your ability.
6. Contact Josh Sumrall to inform him of the incident.
7. Contact parents or guardian of the injured student-athlete.

Appropriate follow up appointments will be made by parents for these injuries or illnesses. In order for the athlete to return to full activity, the athlete must be cleared by a licensed physician and complete a return to play progression laid out by the athletic trainer. A clearance note must be presented to school administration by the parent prior to the athlete beginning a return to play progression.

V. Return to Play Criteria

If a student-athlete is seen by a physician for an injury, the student-athlete must provide a clearance note from that physician allowing him or her to return to activity. A licensed physician includes a MD or DO. Other healthcare providers such as a PA and NP will qualify to provide release notes for athletic injuries should a physician not be available. If the athlete has any surgical intervention for an illness or injury, he or she must provide a clearance note allowing them to return to their sport. The clearance note must be signed by a licensed physician. When an athlete presents a clearance note from his or her physician, the athletic trainer has the ability to perform an evaluation to make sure the athlete is physically capable to return to his or her sport. This will be at the discretion of the athletic trainer. This

evaluation can include a functional evaluation specific to that sport. Should the athlete not pass the functional evaluation, then the athletic trainer has the unchallengeable authority to not allow the athlete to return to his or her sport until that athlete passes the functional tests. The athletic trainer will contact the parent/guardian and discuss the results of the sport specific tests. In the meantime, the athletic trainer, with the input from the athlete's coaches, will design an appropriate return to play protocol that will allow the athlete to continue to improve his or her conditioning and sport specific rehab. Upon completion of this protocol, the athlete will then be allowed to return to full sport activity as long as he or she passes the sport specific tests. The athletic trainer will determine if the athlete has successfully completed the functional exam. This is to ensure the student-athlete is at 100% and ready to resume athletic activity with little risk of re-injury.

VI. Lightning Policy

The lightning policy of Okarche Public Schools is based on the position statement presented by the National Athletic Trainers Association. These recommendations are based on the most recent updates in lightning safety. The following are safety slogans supported by the National Weather Service.

- a. No place outside is safe when thunderstorms are in the area.
- b. When thunder roars, go indoors.
- c. Half an hour since thunder roars, now it's safe to go outdoors.

If the athletic trainer is on-site for a home baseball or softball game, the athletic trainer will determine if the game will be delayed due to weather. The athletic trainer will use a lightning detector and/or a weather app on his/her smartphone to determine the proximity of possible severe weather. When a game should be delayed, the athletic trainer will communicate with the head coach and/or umpire of the game in order to have the game delayed. The athletes should be removed from the field and taken to a safe location such as the indoor hitting facility or elementary school. Should these sites be unavailable then an alternative site includes the high school gym. If needed, a fully enclosed metal vehicle such as a school bus, car and van are safe locations for evacuations. In the event of severe weather, fans and family should be removed from the stands and allowed to shelter in place in the indoor hitting facility, elementary school, high school gym if a vehicle is not available to them. Unsafe locations include open areas such as dugouts, concession stands, press boxes, covered picnic areas, nonmetal shelter, nonmetal vehicle and storage sheds. The game will not be allowed to resume until 30 minutes after the last lightning strike or roar of thunder. The lightning strike must be at least 5 nmi away to continue the 30-minute countdown. If lightning or thunder is seen or heard, then the clock will be reset to zero. Should severe weather be forecasted the day of a home event, the athletic trainer will monitor the weather and radar via the local news agencies. Any potential severe weather threats will be communicated with the head coaches and athletic director.

Should someone suffer an injury due to a lightning strike, the EAP for that venue will be activated by the athletic trainer or head coach. All coaches have a copy of the EAP for each athletic venue. In addition to the activation of the site EAP, the victim will need to be removed from the outside and transported to a safe location to begin administering first aid. After the victim is moved to a safe location, then begin administering first aid and follow the site EAP.

VII. Hot and Cold Weather Policy

It is important that all athletes dress appropriately for hot and cold weather events. During the warmer months of the year, it is important that athletes have plenty of breaks for water and to cool down. Sunscreen and proper attire should be worn on a daily basis to prevent heat and sun related illnesses. Each student-athlete will need to bring their own water on a daily basis for practices. The athletic trainer will use a heat stress tracker to monitor and provide guidance to our coaches. The following guidelines will be used in conjunction with the recommended categories provided by the Korey Stringer Institute.

Cat 3	*Cat 2*	Cat 1	Activity Guidelines
< 82.0	< 79.7	< 76.1	Normal Activities – Provide at least three separate rest breaks each hour with a minimum duration of 3 min each during the workout.
82.2 - 86.9	79.9 - 84.6	76.3 - 81.0	Use discretion for intense or prolonged exercise; Provide at least three separate rest breaks each hour with a minimum duration of 4 min each.
87.1 - 90.0	84.7 - 87.6	81.1 - 84.0	Maximum practice time is 2 h. <u>For All Sports:</u> Provide at least four separate rest breaks each hour with a minimum duration of 4 min each.
90.1 - 91.9	87.8 - 89.6	84.2 - 86.0	Maximum practice time is 1 h. <u>For All Sports:</u> There must be 20 min of rest breaks distributed throughout the hour of practice.
≥ 92.1	≥ 89.8	≥ 86.2	No outdoor workouts. Delay practice until a cooler WBGT is reached.

1. To decrease the risk of heat illness/emergencies:

· Gradually Acclimatize Athletes-get them accustomed to working out in the heat. For example: Baseball and Softball-the first 3-4 practices should not be overly strenuous. Overuse/friction injuries will be dramatically decreased in these sports if these athletes start workouts at 50% and ease up to a full 100%.

- Identify Susceptible Athletes-those athletes who are obese or have a larger muscle mass tend to have more heat related problems. Keep a close eye on these athletes.
- Uniforms-use lightweight, breathable jerseys/pants in hot weather months. Watch for athletes wearing unnecessary extra clothing.
- Allow Fluid Replacement-Athletes should have unlimited access to cold water at all times. DO NOT RESTRICT WATER AS A FORM OF MOTIVATION!
- Encourage a Good Diet-Athletes MUST eat lunch to workout in extreme heat. Fat intake should be somewhat decreased. Salt intake can be slightly increased. Athletes should stay away from carbonated beverages in season.
- Alter Practice Schedule According to Temperature/Humidity/Heat Index Readings-We will use instrumentation at the campus level in conjunction with the national weather

service to determine what precautions need to be taken. Practices may be altered according to the following conditions:

Temperature is between 90 – 99 and/or a heat index below 109

Baseball/Softball – Athletes will receive a 5-minute break every 30 minutes with water available. Athletes are to be monitored closely.

Temperature is between 100 – 102 and/or a heat index of 109

Baseball/Softball – Athletes will receive a 5-minute break every 30 minutes with water available. Athletes are to be monitored closely. Practice will not exceed 2 hours of total exposure.

Temperature is between 102 – 105 and/or a heat index is between 110-115

Baseball/Softball – Athletes will receive a 5-minute break every 20 minutes with water available. Athletes are to be monitored closely. Practice will not exceed 1.5 hours of total exposure.

Temperature is greater than 105 and/or a heat index is greater than 115 NO OUTDOORS PRACTICES

*Additional information such as treatment is provided on the OPS Exertional Heat Policy document. *

Cold weather is not usually a barrier to athletic activity, but team and individual sports played in the late fall, winter and early spring place a large number of athletes at risk for cold injury. Environmental changes as simple as sunset, a rainstorm or an increase in wind speed can shift the body's thermal balance suddenly. As part or all of the body cools, there can be diminished exercise performance, frostbite, hypothermia and even death. Frostbite and hypothermia represent 20 percent of all injuries in Nordic skiers.

Physiological Response to Cold

Cold exposure produces peripheral vasoconstriction, decreasing peripheral blood flow, and decreasing convective heat loss from the body's core to its shell. Cold exposure also elicits increased heat production through skeletal muscle activity. This occurs through involuntary shivering (which can increase heat production six-fold) and through voluntary increased activity.

Athletes exposed to cold repeatedly can exhibit cold acclimatization, in which both cold-induced vasoconstriction and shivering are blunted. Compared to heat acclimatization, cold acclimatization is less pronounced, slower to develop and less effective in defending normal body temperature and preventing thermal injury.

Cold Injury

Frostbite occurs when tissue freezes. Frostbite can be in exposed skin, e.g. nose, ears, cheeks, but also

occurs in hands and feet, because vasoconstriction lowers peripheral tissue temperature significantly. Numbness or a “wooden” feeling is usually the first symptom of frostbite in the hands and feet. With frostbite to exposed facial skin, however, there can be a burning feeling. Freezing of the tissue is often relatively painless. Re-warming is accompanied by sharp, aching pain and persistent loss of light touch sensation.

The risk of frostbite increases as temperature decreases. With appropriate precautions, the risk of frostbite can be less than five percent when ambient temperature is above 5 degrees F. But increased surveillance of athletes is appropriate when the wind chill falls below minus 18 degrees F, since exposed facial skin then freezes in 30 minutes or less. At these temperatures, consideration should be given to postponing or shortening athletic events. Predetermined school policies bring neutrality to that decision and help the public to anticipate it. Several apps are available for calculation of wind chill.

Hypothermia is core temperature below 35C (95F). In mild hypothermia, an athlete feels cold, shivers, is apathetic and withdrawn, and demonstrates impaired athletic and mental performance. Coaches and athletes must recognize and respond to these early symptoms so as to avoid more severe hypothermia. The symptoms can be confused with concussion, hypoglycemia or drug use. As core temperature continues to fall, there is confusion, sleepiness, slurred speech and irrational thinking and behavior. Severe hypothermia causes cardiac arrhythmia and arrest. Efforts to resuscitate must persist until re-warming has been achieved.

Risk factors for Frostbite and Hypothermia

- 1) Exercising in water, rain and wind. Evaporation from wet clothing in a cold environment increases heat loss four-fold.
- 2) Lean athletes lack the insulation provided by fat and muscle mass and have more difficulty maintaining core temperature.
- 3) Fatigue, energy depletion, sleep deprivation and many endocrine disorders produce hypoglycemia. Hypoglycemia impairs muscular activity and shivering, decreasing heat production.
- 4) Physical fitness and strength training allow longer exercise at high intensity with prolonged heat production and maintenance of core temperature. Poor fitness thereby predisposes to cold injury.
- 5) Altitude greater than 8,000 feet decreases shivering and vasoconstriction response to cold.
- 6) Cessation of Exercise. Exercising, athletes produce heat by muscular activity and are at less risk for cold exposure injury. At the end of an event, or when exercise stops due to injury, heat is no longer being generated by exercise, but heat loss continues, and rapid cooling may result. Training alone, in remote places and at unusual hours, increases the length of exposure likely to occur before an injured athlete can be removed from the cold.

Preventing Cold Injury

1) Risk and Event Management

a. Assess environmental heat loss risk: temperature, wind, rain, solar load, immersion, altitude. Be alert to changes in these factors. Athletes can then be advised to modify clothing or seek shelter. And event managers can consider shortening, moving or cancelling an event. Wind chill temperature index (WCT) integrates temperature and wind to estimate cooling power. The WCT predicts the risk of frostbite to exposed facial skin in a person moving at walking speed. The wind effect of the athlete moving at higher

speed (run, ski, bike, skate) is not considered in calculating WCT. The risk of frostbite in the extremities is not predicted by WCT.

b. Assess athletes' risk factors: exercise demands, fitness, fatigue, health, body fat, hydration and nutritional status.

c. Prepare appropriately: adequate training, clothing, water and food; scheduled clothing changes; provision of shelter and re-warming; planned monitoring of weather conditions and of athlete tolerance of the cold; and action plans to care for athletes, staff and spectators who are having difficulty staying warm.

2) Clothing: Exercise intensity and ambient temperature determine clothing (insulation) requirements during exercise. Hats are useful, as up to 50 percent of heat loss at rest is from the head. Layering is dressing with an inner layer that wicks perspiration to the outer layers for evaporation, a middle insulating layer that allows moisture transfer, and an outer layer, worn when necessary, to repel wind and rain but capable of transfer of perspiration to the air. Layering allows adjustment in insulation to prevent overheating and sweating, while remaining dry in wet conditions. Glove liners provide wicking and insulation for the hands. Mittens provide significantly more insulation than gloves. Clothing that constricts fingers or toes predisposes to peripheral cold injury. Wet clothing should be removed quickly and replaced, including socks and gloves.

3) Food and Fluid Intake: Exercise in cold environments increases energy expenditure and fluid loss. Insufficient carbohydrate reserves to maintain core temperature risks cold injury. Dehydration affects neither shivering nor vasoconstriction, but significant loss in circulating volume decreases perfusion. In cold as well as other temperatures, carbohydrate availability and dehydration are limiting factors in performance. Athletes can sustain exercise in cold by ingesting 6-12 percent carbohydrate beverages. Carbohydrate-rich foods are appropriate for prolonged exercise in the cold.

The athletic trainer will monitor the weather forecast for the day and communicate the weather conditions and recommendations to the coaches on a daily basis. Should an athlete suffer from a heat or cold related illness and 911 is required, the EAP will be activated per established protocols.

VIII. Team Physicians

The athletic trainer at Okarche High School has contacts with various orthopedic groups in the Oklahoma City metro area and outside the state of Oklahoma. The athletic trainer will be happy to assist parents in the scheduling and consultation of orthopedic services for their child. The athletic trainer at Okarche High School is licensed in the state of Oklahoma under the supervision of Dr. Matthew Diesselhorst. This does not mean that student-athletes at OHS are required to see Dr. Diesselhorst. Since parents of the student-athletes have health insurance through different providers, parents have the final say in who their child is going to see in-regards-to the healthcare of the student-athlete. Dr. Diesselhorst will be available to provide orthopedic care and assist with the orthopedic aspect of the pre-season physical exam that occurs at OHS prior to the beginning of the school year.

IX. Concussion Protocol

Okarche Public Schools comply with Oklahoma Senate Bill 1700 in-regards-to the evaluation and care for student-athletes who have suffered a concussion. Each year parents/guardians will be required to sign an acknowledgement form stating that they have received the concussion fact sheet. This acknowledgment form will be part of the yearly pre-participation physical exam and will need to be

turned into administration prior to the student-athlete participating in practice or games. In the event a student-athlete be suspected of having a concussion by either the coach or athletic trainer, he or she will be removed from activity and evaluated by the athletic trainer. If the athletic trainer is not available, then a licensed healthcare provider who is trained in the evaluation and care of concussion will need to evaluate the individual. The student-athlete will not be allowed to return to practices or games until he or she has received written clearance from a licensed healthcare provider trained in the management and care of concussions and complete the return to play protocol. The athletic trainer employed at Okarche Public Schools is qualified to evaluate, treat, manage and provide clearance for student-athletes to return to practices and games under Oklahoma law. If the student-athlete obtains a note saying he or she is released, the student-athlete will still need to complete a return to play protocol. This protocol is outlined below.

BASELINE TESTING

Before each school year, student-athletes will undergo baseline testing. This is so the athletic trainer will have baseline numbers to compare post-concussion tests in the event a student-athlete sustains a concussion. These baseline testing tools are not diagnostic tools but tools for the healthcare provider to use when determining if a student-athlete is still suffering from post-concussion symptoms. The following tests will be used as part of a baseline procedure.

-Sway

When A Student-Athlete Suffers a Concussion

If a student-athlete is suspected of having a concussion, he or she will be removed from the activity and evaluated by the athletic trainer or other licensed healthcare professional trained in the evaluation of concussions. If it is determined that the athlete does have a concussion, the athlete will not return to activity that day. The parents/guardians of that student-athlete will be contacted by the athletic trainer or coach (if the athletic trainer is off-campus) to inform them of the injury. Most concussions do not require a visit to the emergency room. However, it is ultimately up to the parent or guardian to decide if they want to take their child to the emergency room for further evaluation. If the student-athlete is taken to the emergency room, medical clearance must still be obtained prior to returning to their sport. This includes a clearance note from a licensed medical provider trained in the evaluation, treatment and management of concussion and completing a return to play protocol supervised by the athletic trainer.

Concussions can also have an effect on the student's performance in the classroom. Should a student-athlete sustain a concussion, academic modifications may be appropriate depending on the severity of the concussion. If academic modifications are needed, the athletic trainer, parents/guardians, principal, counselor and teachers will need to meet and discuss the specific modifications. The academic modifications would only be temporary until the student-athlete is symptom free and has returned to all activities.

Return to Play Criteria

In order for the student-athlete to return to practices or games, he or she must complete a return to play protocol in addition to being cleared by a licensed healthcare provider trained in the evaluation,

treatment and management of concussions. Studies have shown that the brain of a teenager takes longer to heal than adults. The teenage brain is still growing and developing. Injuries to the youth brain have the potential to cause developmental issues. This protocol takes into consideration the age of the athlete and follows guidelines laid out by the National Athletic Trainers Association and Oklahoma SB 1700. In order for the student-athlete to begin a return to play protocol, he or she must be asymptomatic for 24 hours. Their post-concussion Sway testing scores must also be equal to their baseline exam. If a student reports that he or she is asymptomatic but the post-concussion test scores are below baseline, then that individual will be allowed to begin light cardiovascular work under the supervision of the athletic trainer. The individual will not progress in the protocol until the post-concussion scores are back to baseline levels. Should the athlete report any symptoms during this time, he or she will be removed from that activity and the clock will reset. Should a student-athlete complete one step of the RTP protocol and report symptoms during or after the activity, then he or she will be removed from that activity and will not be allowed to begin the RTP protocol until he or she is asymptomatic for 24 hours. In other words, the clock will re-set and the student-athlete will begin the protocol from step one. Should a student-athlete begin the RTP protocol and it is the weekend, the student-athlete will resume the protocol on Monday when school begins. This is to ensure the athletic trainer is present during the protocol and proper supervision is available.

Day 1 (asymptomatic for 24 hours)- 20 minutes of cardio on a bike, elliptical or fast walking

Day 2- Cardiovascular work with body weight or weight training

Day 3- Sport specific training without contact or risk of contact

Day 4- Full practice without restriction

Day 5- Game

Once the student-athlete has completed this protocol without set-backs, he or she will be allowed to return to full activity without modifications.

Return to Learn

As with return-to-play, the first step of return-to-learn is relative physical and cognitive rest. Relative cognitive rest involves minimizing potential cognitive stressors, such as academic work, video games, reading, texting and watching television.

-No academic obligations on same day as concussion onset.

-The gradual return to academics should be individualized and based on the absence of concussion symptoms following cognitive exposure.

-If the student-athlete cannot tolerate light cognitive activity, he/she should remain at home.

-Once the student-athlete can tolerate cognitive activity without return of symptoms, he/she should return to the classroom, often in graduated increments.

- At any point, if the student-athlete becomes symptomatic, (i.e., more symptomatic than baseline), or scores on clinical/cognitive measures decline, the athletic trainer should be notified and the student-athlete's cognitive activity reassessed. A follow-up appointment with a physician trained in the evaluation, treatment and management of concussion may be recommended at this time.
- A student-athlete with concussion symptoms greater than two (2) weeks warrants re-evaluation by a physician.
- The student-athlete's counselor, teacher, athletic trainer and parents/guardians will navigate return-to-learn with the student-athlete per medical direction.
- The extent of academic adjustments, as warranted, may be decided by a multi-disciplinary team that may include the athletic trainer, guidance counselor, coach, individual teachers and outside physicians.

X. Athletic Training Room Hours

The athletic trainer will be available before school and after school. The athletic training room will be open for morning treatment by appointment until the beginning of first hour. You must make an appointment with the athletic trainer the day before in order to receive morning treatment. Treatment during the lunch hour will be by appointment only. The athletic trainer will be available during 7th hour for treatment and rehab. The athletic training room will be closed on holidays and weekends. Should there be a need for the athletic trainer outside of these hours, the coach of the sport needing the athletic trainer should notify the athletic trainer asap to make arrangements. During the school week when basketball is in season, after school athletic training hours will be from 3:15pm-5:30pm on practice days. On game days, the athletic trainer will be available for pre-game treatment 90 minutes prior to the first high school game. Post-game treatment will be available for 15 minutes after the conclusion of the last high school game. Any treatment needed outside of these hours an appointment will be needed by contacting the athletic trainer.

XI. Injury Reports

Beginning during the 2020 academic calendar year, Okarcho Public Schools will be recording athletic injuries using a web program designed by A.T. Still University in Mesa, AZ. This program is free of charge and is HIPAA and FERPA compliant. The athletic trainer will document all injuries, illnesses, PPE and other documents on the EMR. This program will allow more effective communication between the athletic trainer and other healthcare providers. Each year, parents/guardians will be required to fill out a HIPAA form for their student athlete in addition to the other required paperwork.

